

**ARIZONA DEPARTMENT OF PUBLIC SAFETY
FIREARMS-SAFETY INSTRUCTOR PROGRAM
REGISTRATION FORM**



NAME (Last, First, Middle Initial)

INSTRUCTOR NUMBER

MAILING ADDRESS

CITY/STATE

ZIP CODE

E-MAIL ADDRESS (Please print clearly)

(_____)_____
TELEPHONE NUMBER

I wish to reserve a seat at the eight (8) hour, _____, Firearms-Safety
(Month/Day/Year)

Instructor Program to be held at 2010 W. Encanto, Phoenix, Arizona.

Signature

Date

You can:

Fax this registration form to (602) 223-2928 or

E-mail us at ccw@dps.state.az.us with the above information or

Send this form by US mail to:

Arizona Department of Public Safety
Concealed Weapon Permit Unit
P.O. Box 6488
Phoenix, Arizona 85005-6488

If you have any questions, please call (602) 256-6280 or 1-800-256-6280.